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CONSIDERATIONS ON A NEW STATE LUNATIC HOSPITAL.

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DURING the session of the Legislature of our Commonwealth, prior to the last, various petitions were presented upon the subject of extending the accommodations for those classes of the insane which properly fell under the public care. Notwithstanding the act of 1843 for the provision of county receptacles for certain classes of the insane, which had resulted in the extensive structures in Essex, Middlesex, and perhaps other counties, and notwithstanding the repeated and not altogether convenient additions to the State Hospital at Worcester, increasing its original capacity of 120, to about 370 patients, the impression was very general that there were a large number, especially of old and incurable cases, which were not provided for as humanity and justice required; that there were yet in almshouses and jails a great many persons who had been discharged as hopeless from Worcester, or whose cases, by a rigid construction of a very unintelligible statute, could not be adjudged as coming within that degree of being "so furiously mad as to be manifestly dangerous to be at large," and consequently could not be sent there under the law.

These petitions were of course referred to the Committee on Public Charitable Institutions, who, after some examination, reported a resolution to the effect that a joint committee of the Senate and House should, during the recess, "consider the whole subject of insanity within this Commonwealth," and report at the next session upon the measure best to be adopted—whether to enlarge the present Hospital, a different classification of its inmates (meaning probably, by this phrase, its adaptation to a different class of sufferers), an alteration of the present laws applying to insanity, or the erection of a new hospital. If a new hospital were deemed advisable, they were to report a plan, estimate and location, requisite to meet all wants.

Under this resolution, a committee of seven gentlemen were selected for the duties, viz., *Orin Fowler, Levi Taylor, Charles E. Cook, Nathaniel Wood, Henry L. Dawes, George S. Boutwell and Alexander Kenrick*. They devoted themselves no doubt assiduously to their duty, and the results of their observations, reflections and decisions, are given

in their printed report to the succeeding Legislature, dated January 15, 1849. The sum of this report is included in the final sentence :—
“The Committee unanimously recommend, that a new Insane Asylum for the State be erected in such section of the Commonwealth as the Legislature shall elect ; that it be of sufficient capacity to accommodate at least 250 patients, and their attendants ; that it be constructed upon the plan of the New Jersey State Lunatic Asylum, at Trenton ; that the necessary appropriations be made ; and that commissioners be appointed and clothed with necessary and competent powers, to select the site, purchase the land, erect the buildings, provide the equipments and complete the work of preparing the asylum for the reception of patients. This report was printed, distributed, referred to the usual committee, their resolutions upon it reported back to the House in a very rapid manner, making it utterly out of the question that the report or its conclusions should receive the slightest examination from those who might feel so deep an interest, as to induce them to present their views to the Legislature and the public. The resolutions then reported forbore to recommend an imitation of the Trenton building, but submitted all matters of detail to the commissioners to be selected.

The whole result, then, of all the investigations of the Committee which sat in the recess, was a resolution that a new hospital should be built. Their labors resulted in nothing as respects the character of those for whom it should be designed, its location, or any change of statutory system. Practically, it was understood to intend another institution similar to that at Worcester, in another section of the Commonwealth.

The resolution passed the House without opposition, and with considerable unanimity, for there was, as suggested, no opportunity given for examination. In the Senate, its consideration did not come on until towards the end of the session, and in that body the resolution failed to pass. How far its failure was promoted in that body by the doubts which those who had a deep interest in this class of subjects could not but feel and express upon the question whether the scheme was such as would best meet the great end, it is difficult to say. It is certain that various individuals, most competent to judge, did not favor the plan. They felt that in an undertaking which was to cost at least a hundred and fifty thousand dollars, and extend forward for perhaps a hundred years, the evil of postponement for a single year was far less than going forward in a mistaken path. Some of the statistics presented by the Committee, such as the relative proportions of pauper insane and those not paupers, were so grossly incompatible with obvious facts, as to cast a shade over the reliability of the other figures, upon which even the necessity of a new hospital was based.

Amid a great deal of sound information and accurate opinions, it was also felt that many of the most prominent relations of the subject were omitted, or passed over so superficially as not to satisfy the minds of those who regarded them as of the utmost moment. For example, the very important suggestion contained in the report of the Worcester Hospital from Dr. Chandler, that if a new institution were to be made, it should be devoted to a single sex, is not even referred to, notwithstanding

every intelligent *expert* who has seen how rapidly that city is penning up the Hospital, cannot but have asked himself the question whether it were not better that the male patients should be placed in a more rural position, with more land, and free from those thousand embarrassments to patients and outside neighbors, inevitably incident to a hospital for the insane encompassed by a dense population. This *in fact* is one of the greatest questions to be settled as to the State Hospitals of Massachusetts, and which should precede all other decisions.

Another great point, certainly of as much moment as any one which their report considers, is scarcely touched upon. It is the expediency of separating the chronic and generally harmless insane, and adapting an institution especially to their cases and claims. But our Committee will reply that they did devote a paragraph or two to the question of separating the *curable* from the *incurable*, and decided that it would not do to think of such a division, and gave two reasons, and but two: that friends hope that their patients will be benefited, however severe and long-continued the disease may have been, by being placed in a hospital, and under the lively influence of this hope, they will be encouraged to incur the expense of hospital treatment. The other reason is, that the Committee are not aware that any serious evil has arisen from the intermixture of curable and incurable. The prominent objection which has crossed the minds of most who have thought on this topic, the depressing effect upon the patient of a knowledge of the fact that he was doomed to a hospital of incurables, if thus it were unwisely designated, is not alluded to in the Report.

The real facts in this regard are, that Miss Dix and others who formerly urged upon the Legislature the provision for such a class as now remain in our almshouses, generally after a discharge from the State Hospital, did not use the term *incurable*. If it was ungracious and dispiriting, it was not requisite to employ it at all. The idea of urging the baseless hopes of friends as a ground for their struggling to give their patients a chance at hospital treatment, strikes us as very unsound in morals. Every man conversant with the curability of the insane, every book written on it, gives the unanimous judgment that cases of over a few years' standing never recover; that after three or four years of disease the restorations are the rarest exceptions possible to a general rule. Of a thousand cases, probably not five recover after four years of continuous lunacy. Is it honest, then, to encourage friends to spend their money when they may be ignorantly deluding themselves into that too common and absurd error, that because a majority of patients recover in hospitals, the case of their hopes has an equal chance with any other?

Miss Dix's idea doubtless was this, and it is one which is worth thorough investigation before any plan is decided upon. A vast majority of pauper cases which have been thoroughly tried at Worcester or elsewhere, could be made more comfortable in an institution expressly intended for them, and at a much less expense. Her vast experience left her in no doubt that much difficulty is encountered, in every institution, in so arranging the quiet and harmless, as that they shall not be troubled and injured by the excited and mischievous. After a certain number of

years of uncured insanity, the patient usually sinks down into a state of dementia or imbecility, not generally inconsistent with content and enjoyment, if external circumstances are favorable. Such patients require a much less amount of care, labor and expense to be bestowed upon them, than where disease is to be counteracted by moral means, and where cure is to be attained at any cost of attention and effort. The experience at the State Hospital from a very early date, of training this class to the disuse of the expensive luxuries, essential perhaps to the mental satisfaction of the patient expected to get well, and yet with no real loss to the comfort of the sufferer probably, may be cited as one illustration of many of the naturally diminished charges of the chronic and harmless cases, which would be incident to a division. Nor was it ever thought to remove all the chronic from among those under treatment. So far as their presence was of use, it was to be continued. Every one familiar with the interior of the hospitals for the insane, is aware that the main items of expense are certain of those artificial luxuries, not essential to the highest comfort, and the wages of those who are to guard and protect and guide those deprived of their great regulator. These expenses would be much diminished in an institution for chronic cases. The noise, disturbance and violence of the excited curable has all to be borne by the quiet, harmless and timid chronic, without the slightest corresponding advantage. The chronic and harmless may be disposed in large *associated dormitories*, if prepared with a view to *inspection* and *forced ventilation*. More than 100 per cent. of space is saved by this arrangement. If the accommodation for each patient averages about \$500, this economy is well worth regarding.

The ideas thrown out by the Committee, that there would be too little public sympathy to engage the requisite attention of individuals—too little prospect of seeing the happy results of labor to induce the most suitable class of guardians to engage in the service, appear to us to be devoid of soundness or weight. Is the hospital at Worcester less zealously administered now than when its aggregation of chronic cases was less? Is the municipal hospital of Boston, where, from the nature of the law, scarce any but incurables ought to be admitted, subject to any complaint of this kind? And in fact the entire experience of all institutions, at home and abroad, would substantiate the natural view that the fidelity to duty does not depend upon results. If a suitable superintendent is placed in care, and a competent board of managers to protect at once him, his charge, and the public interests, the objections referred to fade into air.

This Committee, not being accustomed to the care of the insane, or familiar with institutions for their benefit, probably had no idea of the number of patients in the hospital at Worcester, and who have been discharged from it to make way for new comers (some of whom have gone to jails and almshouses, and others to private families), who would constitute the class of the character referred to in the calculations of those favorable to an institution for the chronic. Their idea has been based upon the condition of those, who, after receiving the aids and ameliorations of other institutions, are again remitted back to alms-

houses and jails, or other unsuitable places of detention, where their sufferings may be presumed to be the more severe, from contrast, after having experienced the better days of Worcester and other suitable hospitals. From the data given by this Committee last year, there seemed to be a good deal of doubt whether there were proper subjects enough to fill a second institution. The Committee did not anywhere give a reply to the first question which one examining into the subject would naturally make:—How many patients, still remaining insane, have been dismissed from the State Hospital, to make room for new comers, within a late period? The fact that the number of claimants for hospital aid in adjacent States had not amounted to a quarter of those actually known to be insane, excited a doubt of all deductions based on the absolute number of reported insane. The most convincing fact, that derived from the number dismissed unreturned, was strangely omitted. Investigations made during the past year have satisfied the writer of this, that an institution for 250 to 300 harmless and chronic cases, who have generally had a trial, or are manifestly not proper subjects for treatment in one kind of institution more than another, might be filled, and that without detracting from the State Hospital at Worcester so as to leave a household less than is expedient. It does not follow that in an institution of the kind now under consideration, there would not be the application of every mean, moral and medical, which would exist in other institutions.

The next grand point upon which the minds of those interested in providing for the insane, has been in doubt, is the expediency of a separate class of institutions for patients of foreign nativity. In the original report of 1848, they speak of this idea as one "emanating from Dr. Bell of the McLean Hospital" (Asylum). Had the Committee been familiar with hospitals for the insane, they would not have thought of attributing this suggestion to any one individual. Whatever may be its merit or its discredit, it probably belongs about equally to every hospital superintendent in the country who has had the care of foreign insane. For they all recognized the fact, that while the extent of benefit they were able to confer on this class was less than on any other, their presence was very incompatible with their own quiet and that of their associates. And with this discouraging result before them, they were aware that no hospitals for the insane in Europe were more successful in management and results than those in Ireland. The Committee dismiss all considerations of this view—sufficiently important, when it is recollected that we now have more than a hospital full of insane patients of Irish nativity in our Commonwealth—with a rhetorical flourish about such a separation not being "in accordance with that lofty design of our institutions, to make all who occupy American soil, American citizens." It is enough to say, that the object of institutions for the insane is not to make citizens, but to recover all who can be cured, and make the rest as happy as practicable. Every measure adopted in justice and good faith to secure this end, will be approved of by every good man, no matter where he may have had the accident of his birth. The fact that this suggestion of separate institutions for insane patients of foreign nativity

has never been met by our adopted fellow citizens, whenever discussed, with a single objection, as far as is known—and they alone could possibly feel any jealousy on this subject—demonstrates at least that, whether good or bad, feasible or impracticable, it is worth a full investigation in the light of facts, not of rhetoric. It was deemed of sufficient moment to form a prominent topic for one of the discussions of the American Association of Hospital Superintendents.

Such are some of the questions which ought, if the subject comes up again the ensuing winter, to receive the careful consideration of the Committee. That Committee should be composed of medical men, so far as the organization of the Houses will permit. Although the treatment of the insane has become in some degree a *specialty*, yet the pursuits of the medical mind much better qualify for the receiving and weighing evidence on a subject like this, than ordinary avocations. In this Commonwealth, the medical profession has ever evinced the closest interest and fullest co-operation in this class of institutions. They ought not, *as before*, to be excluded from the committee of investigation.

Let such a committee call before them every man who can throw any light upon the subject of their research. Perhaps no method could be devised more certain to fill the mind of an unprofessional committee with vague, inconsistent notions, than to go through the country from one institution to another, picking up a fragment here, and a fraction of information there. Committees so constituted, commencing their knowledge of the insane at this point, almost always end in selecting some model which strikes their fancy, and recommending a blind imitation of it, regardless of fitness or peculiar circumstances. They determine upon the erection, and then decide upon the character of its occupants. It is scarcely less absurd than if *they should make their factory building, and then decide whether it shall be devoted to cotton, paper or iron!* A committee of the Legislature will find in New England, among trustees, superintendents and others, who have made the insane their study, a vastly greater mass of such information as they need, than they can possibly pick up in rambling tours of observation. They can, sitting in their committee room, *with interrogatories systematically prepared*, soon elicit the facts and evidence which will satisfy their minds, whether it is the true interest and policy of the Commonwealth, to establish a *duplicate institution* to their present State Hospital; and if so, where it shall be located—whether in the western section, or at some spot near the great masses of concentrated population, where the railroads in their intersections constitute natural centres of convenient approach, as Shirley or Harvard in Middlesex, or at Bridgewater or Middleborough, or wherever has been pointed out, as affording the best facilities; whether the institution shall be *one for a single sex*, leaving the present hospital for the other; whether it shall be for the *harmless and chronic*, or whether it shall be *for foreign patients*. These points determined, the way will be open for the extent, character, and cost of the buildings and adjuncts, and the important question whether these shall be decided by the Legislature, or referred to a board of commissioners. Whenever the Commonwealth shall construct a new hospital, it is to be

hoped that no mere copy of other edifices will be resorted to, so long, at least, as constant progress and improvements are making, and while the demands of no one community can be found precisely to be met by the ready-made provisions of another.

L. V. B.

November, 1849.

COMPRESSION OF THE AORTA IN UTERINE HEMORRHAGE.

[Communicated for the Boston Medical and Surgical Journal.]

THE application of arterial pressure to arrest formidable uterine hemorrhage, is not presented here as a novelty. The merit of its introduction is probably due to the veteran Baudelocque; after him, it was adopted and recommended by Chailly; while the practice has been further confirmed by cases presented to the notice of the profession by Mr. Pretty, J. D. Brown, and many others. Still its adoption has not been in proportion to its merits; and in circumstances where it might have afforded timely succor, doubtful and hazardous experiments have often been resorted to, attended with confusion to the accoucheur and peril to the patient. It has been my reliance in numerous instances during the past six years, and with so happy results, that I have come to regard any degree of *post-partum* hemorrhage so easily controlled, as to constitute an accident of no very grave moment. It is a resort at once safe, practicable and efficient. Even when the stomach will readily tolerate ergot, and every other ordinary means can be made subservient, there is often an interval before their efficient operation can be obtained, when the patient's life is momentarily endangered by delay. At this critical juncture, compression of the aorta can be brought to bear with signal advantage, while it will not embarrass, but rather assist the ordinary efforts of both nature and art towards a favorable issue. We should by no means neglect the usual appliances at hand; but are at liberty, especially if the services of a reliable assistant are at command, to resort to the application of cold, associated with manual compression of the uterine tumor. By this means the patient's life is placed beyond jeopardy for the instant, and an extension of time is gained, in which to induce that fixed contraction, short of which no attendant could abandon his charge with any degree of intelligent satisfaction and composure.

Neither in such cases should our aim be barely to save life from the extremity of peril. There is a degree of hemorrhage, graduated by individual circumstances, beyond which it should be considered a calamity for our patients to succumb. The shock to the system produced by extreme depletion, frequently saps the foundations of health and vigor, and opens avenues for the approach of some insidious and deadly mischief.

In relation to the *modus operandi*, the aorta should be compressed in the umbilical region just before its iliac bifurcation. At this point, after the partial descent of the uterus, there is seldom any intervening obstacle; the parietes of the abdomen lie near the spine, and readily yield on account of their flaccidity; and should any portion of intestine

happen to be floating in the way, it readily eludes the touch, and the hand is at once upon the aorta strongly pulsating, and feeling under the finger like a large whip cord. The pulsations can be readily controlled by firm, steady, and not very forcible pressure; and this can be brought to bear with the greatest facility by a thumb and one finger, or any two fingers, so placed in juxta-position as to bring the triangular space formed at their extremities to fit over the artery like a saddle, and by this means prevent it rolling from the grasp, as it is liable to do without some such precaution.

The demand for this arterial compression will of course be proportioned to the intensity of the hemorrhage and the condition of the patient; but in the event of flooding, however sudden or appalling, I believe the physician has here at ready command the key that may infallibly and safely check the flow of the vital current.

Middlebury, Conn., Nov. 20th, 1849.

ROB'T CRANE, M.D.

HINTS TO ANATOMISTS AND PHYSIOLOGISTS.

[Communicated for the Boston Med. and Surg. Journal.]

THERE is no question more interesting in physiology than that which could define what primary power regulates or limits the quantity of blood which every individual must have in his body. This fluid vehicle of strength and life, without a due quantity of which we cease to exist, is certainly not exclusively the product of nutritious food; for, with the lowest possible allowance, as well as in the habitual satiety of the glutton and the epicure, in all seasons, ages and countries, in every possible situation of life, devoted to labor or to rest (provided there is no co-existing disease), each individual is endowed with a peculiar temperament or constitution, which always admits the same quantity of blood. Should this, by some accidental cause, be lost, or considerably diminished, it will be fast and easily recovered; but should it become, under different agencies, abundant and burdensome, then, again, it is not in the power of man to reduce its quantity, by any means within the pale of justifiable or responsible therapeutics. There must be, therefore, some uncontrollable power, which is in itself the constitutional criterion; a power which, among a variety of individuals, rarely or never resembling each other, still remains the same in every one of them, fixing and limiting the quantity of blood that will circulate in the body.

The subject, I am sorry to say, although so naturally striking, has been omitted among the numerous experiments and researches of Haller and Hunter; for we know not, from them, what power regulates or limits the quantity of blood in the human body.

OSSIFICATION OF A PART OF THE RIGHT LUNG.

BY DRS. WILLIAMS AND JOHNSON, OF DE PERE, WIS.

MESSRS. EDITORS,—By the bearer we send you a specimen of diseased lung, which you may call encysted tubercle, osseous composition, or any

other name your sense of propriety may dictate, after examining it. Hunting for a similar case, we find Laennec, in treating on encysted tubercles, says:—"I have myself never seen these cysts, whether primitive or secondary, become ossified; this morbid state must therefore be rare; but I have in my possession a cyst of the size of a hen's egg, converted into a bony substance, which was found in the lungs of a subject, who seemed to have died, as far as I could learn, of phthisis." This isolated case seems to comprise the only knowledge of that celebrated writer on diseases of the kind here presented. Mackintosh speaks of it as an osseous composition of rare occurrence, while a large majority of writers and lecturers do not mention it.

About the middle of January, 1849, Dr. Williams was called to see Mr. A., aged 30, of light hair and complexion, of medium stature and build, with a full and rounded chest—had never been of a robust constitution, nor able to perform much labor without complaining of excessive fatigue; still never felt the necessity of using medicine. At the time Dr. W. first saw him, he complained of a pain in the chest, and located it two inches above, and one to the right of the right nipple, which was mitigated slightly by the use of remedies; and in about two weeks described it as having entered through to, and under the right clavicle. He (Mr. A.) considered the disease of no importance—that it would yield readily to treatment. Dr. W., on the contrary, looked upon it as a grave matter, and urged energetic means to subdue the disease, which he considered was of the lungs; forming his diagnosis from the use of the stethoscope, which spoke in language too plain to be misunderstood. The pain continued slightly, without coughing, expectoration, diarrhoea or night sweats, until the 20th June, 1849, when he expired, without any of the symptoms peculiar to *phthisis pulmonalis*. His treatment consisted at first of antimony, counter-irritants to the chest and spine, as blisters, cupping, and the use of moxa followed by proto-iodid. hyd., succeeded by iod. of potass and opiates, without any beneficial effects whatever. Some five weeks prior to his death, I located in this place, and became associated with Dr. W. in the practice of medicine, at which time we saw him (Dr. W. had not seen him for two weeks on account of illness). We found him laboring under complete paraplegia, including the pelvic region, and to us it was a matter of much interest in ascertaining the cause of this paralytic attack. We were well satisfied that his disease was of the lungs. "Auscultation told the tale." There was no soreness or tenderness on pressure over the region of the spine; and having been taught that if the immediate cause of abolished nervous function was seated in the upper portion of the spine, or nerves of that part, paralysis would have attacked the superior extremities, we were at a loss to account for the paraplegia, and I must confess that I am not yet satisfied relative to this matter. Sensibility and the power of motion were both destroyed. It was found necessary to evacuate the bladder daily until his death, by use of the catheter. His treatment, from this time, consisted simply in remedies calculated to ease him gently down the declivity of time, as we were well satisfied that he must die. On auscultation we found over the

region of the superior lobe of the right lung, no perceptible sound for a space of two inches in diameter; the other parts of the lungs gave forth a peculiar low whizzing sound, much like blowing gently into an empty gallon tincture bottle. Such has been the history of the case.

Post-mortem, 9 hours after Death.—Present, Drs. Crain and Marsh. I found the lungs, except the specimen sent, of a dark-brown color, much softened—could be easily torn with the fingers—filled with a light-red serous substance, and frothy. On the inferior lobe of the left lung, at its base, was a spot the size of a shilling, of a hard cheesy substance, supposed to be the origin of an osseous formation similar to the specimen sent you, which was taken from the superior lobe of the right lung, firmly adherent to the pleura and attached to the spine. It is to be much regretted that we did not make a more thorough dissection; but not expecting to find disease of this nature—making examination to satisfy his friends, and for our own defence as physicians, as others denied the existence of disease of the lungs, is our only excuse.

Remarks.—The specimen sent was a piece of lung, in which was imbedded a mass of calcareous matter, of a globular form, and more than an inch in diameter, exceedingly firm at its centre, softer upon its surface, and surrounded by a very firm cyst.

It undoubtedly presents an example, one of the most striking on record, of the cure of tubercular disease of the lungs, where the masses had attained a large size. Laennec, Andral, and others, while admitting the existence of such cicatrization, consider it of rare occurrence; Louis, on the other hand, by negative evidence, and his silence on this point, seems to doubt its occurrence.

It would seem that while the evidences of the fatality of tubercle are abundant, the proofs of its curability have been greatly neglected, and when found, have only presented themselves accidentally. The frequency with which they have been met with, is calculated greatly to encourage us in efforts to relieve consumption. The late Dr. Parrish presented a case of the kind.

In the present instance, the want of a history of the individual, and the circumstances under which the cure took place, and the means used, if any, to favor it, is much to be regretted. We abstain from any comments on the cause of paralysis, not being in possession of any facts calculated to throw light on that point.—*N. West. Med. Journal.*

EXEMPTION OF CLASSES FROM CHOLERA.

[Extract from a Paper read by John Webster, M.D., F.R.S., before the Westminster Medical Society (Eng.), Sept. 29, 1849.]

It is gratifying to state, that throughout the entire population of London, during the prevalence of the recent epidemic, several marked exceptions have been noticed in the exemption of individuals from cholera, as well as in the rarity of the disease amongst various sections of the community. Several instances which have come under my notice appear worth relating.

The military in the metropolis, generally speaking, never were in a better state of health than during the epidemic, although a few fatal cases of cholera occurred in different regiments. Respecting the fatal instances among the troops in London, it is both instructive and important to know, that in one regiment, which lost six men by cholera, five came from a battalion quartered in the Tower, and only one from the other division occupying a barrack at the west-end. It is likewise worth adding, as an illustration of the influence which locality and individual circumstances exert in producing the disease, that one of the severest cases which a medical officer in the Guards met with, recently occurred in a soldier who had absented himself, without leave, from his barrack in the western part of London, and had passed two days in drinking with a sailor, in Ratcliff Highway. From this unhealthy district, the soldier was brought westward in custody, and placed under confinement, where the malady very soon manifested most severe symptoms. This patient recovered, although he continued in a precarious condition for some time; and, probably, had he remained for a longer period in the tainted district, or had not been placed at once under judicious treatment, the issue might have been different.

Again, amongst the metropolitan police, which, exclusive of the city force, comprises 5,600 individuals, notwithstanding the laborious duties which they often have to perform, their frequent exposure to the night air in all weathers, and especially in the most insalubrious districts, the sickness and mortality was less than might have been expected. According to the return which my friend Mr. Fisher, surgeon-in-chief to the police, has kindly favored me with, only twenty-seven policemen have fallen victims to cholera during the recent outbreak; that is, one in every 207 members of the force, or about .5 per cent. The particulars respecting the localities in which these twenty-seven deaths occurred are likewise of importance, from being analogous to those observed amongst other portions of the population. Thus, of the total fatal cases recorded amongst the metropolitan police, twenty, or three-fourths, occurred south of the Thames; eleven of whom died in Southwark or its vicinity, and three in Lambeth; five were reported from the north-eastern districts; two died in Westminster, one being on the Thames; whilst *not a single fatal case by cholera was met with amongst the whole police force stationed throughout the north-western districts of the metropolis.* No statements can be more conclusive respecting cholera and its propagation, than those now made respecting the military in London, but more especially the metropolitan police, consisting almost exclusively of stout, healthy, and mostly young men, placed under the same discipline and regulations. The deductions to be drawn from such data are self-evident.

Having already alluded to Bridewell, it may appear superfluous to speak of other prisons; nevertheless, I must notice two other similar establishments. The first is the Cold-bath Fields House of Correction—the largest jail in England—in which the regulations, sanitary measures, dietary, &c. are carefully attended to by the authorities. At this prison, notwithstanding there being usually about 1200 inmates, not a single fatal case of cholera has occurred during the recent epidemic, even although

the disease prevailed in the neighborhood; and it must be added, that the prisoners were otherwise quite as healthy as at any previous period. Indeed, so little sickness has been recently met with amongst the numerous population of this jail, that last week only two cases of illness were under treatment in the infirmary. The other jail referred to is the Model Prison, Pentonville, in which also no fatal case of cholera has occurred amongst its inmates, amounting to about five hundred individuals. This immunity is, no doubt, owing to its open, airy, and elevated position, its good discipline, its scrupulous cleanliness, and plentiful supply of excellent water, much of which is pumped up from a well in the establishment.

From the workhouses in the metropolis much useful information might also be adduced. I will, however, only allude to two, the first being situated on the low ground south of the Thames, the other on an elevated position in the northern district. The former, or St. George's Workhouse, Southwark, which contains, on an average, 400 inmates, is situated in the middle of one of the worst parts of the Borough, namely, the Mint. This locality, besides being very insalubrious, is inhabited by the very lowest, if not the most wretched, class of society, and amongst whom deaths by the recent epidemic have been exceedingly numerous. Nevertheless, among the ordinary residents in this establishment, only eight fatal cases of cholera have occurred; and it is instructive to know, that these were chiefly the aged, infirm, and sickly. It was not so, however, in regard to the persons admitted from the neighborhood; the fatal cases recorded having been principally in that class of patients. This rarity of deaths amongst the resident paupers indubitably depended upon similar causes to those detailed in other public establishments: namely, the house is well ventilated, even although an old building; it is kept very clean; the food is abundant and nutritious; whilst the water is of good quality, and plentiful. The other workhouse to which I would also allude is that of the parish of Islington, situated on elevated ground, well drained, as also properly ventilated, and where the food is good, with water supplied by the New River. In this institution, having about 350 inmates, only two cases of cholera have occurred, although the residents comprise many paupers of broken-down health, from years of suffering, privation, and disease. Respecting the two fatal cases of cholera reported from this workhouse, it is instructive to state, that one was sixty-three years of age, with a chronic cough, swelled legs, and a bad constitution; the other had lived for a short time in the same house with a person who fell a victim to cholera in an infected district, from whence she was brought, and died in the parish Infirmary.

Another illustration of immunity from cholera, among a class of persons likely to be attacked, may be derived from the St. George and St. James's Dispensary, to which I am attached. At this institution, out of 3,252 patients almost exclusively living in the upper wards of these two parishes, and attended by the medical officers during the by-gone six months, not a single fatal case of cholera has occurred; whilst it is also remarkable, that fewer persons laboring under ordinary diseases have been admitted during the last three months, especially in September, than throughout the previous quarter, comprising April, May, and June.

Lastly, I would mention, that, at insurance offices, which comprise many thousand persons of the middle or upper classes of society, and on whose lives millions of money are now insured, notwithstanding deaths by cholera have been reported at particular offices, the general mortality, from all causes, amongst the assured, has even ranged less than usual. At the London Company, to which I am the medical adviser, not only has no death by cholera been reported, but the casualties from ordinary maladies have fallen under the average. And as similar statements have been made to me by other parties well able to give information—especially by Mr. Neison, an authority on such questions—the opinion now advanced must be correct.

The various statements made regarding the exemption of particular places, and the immunity of different persons from attacks of cholera, are instructive, and deserve further investigation; more especially as the epidemic may, I much fear, recur at future seasons. The malady has done so in other countries, as also in England, and may do the like again, even with similar, if not with aggravated virulence. Many authors might be referred to respecting the history and previous prevalence of cholera, but I will only now allude to Sydenham. According to him, cholera morbus was not only very common, but exceedingly fatal, in his day, as also previously; indeed, this epidemic disease seemed like a plague, from the mortality it occasioned; nay, it was even called, in common language, "Plague, or Gripings in the Guts." From it, during the year 1669, according to the above celebrated physician, not less than 4,385 persons died in London exclusively, which large mortality, in a population of about 674,000, makes the ratio of deaths nearly the same as during the present year. In 1670, the deaths from the same cause amounted to 3690. The disease re-appeared frequently afterwards, coming on generally about the close of summer, or towards the beginning of autumn; in fact, similar to the recent epidemic; or, to quote the quaint expression of Sydenham, when describing the cholera morbus then so virulent, "it recurred as constantly as swallows in the beginning of spring, and cuckoos towards Midsummer."

Indubitably the word cholera is not mentioned in the old Bills of Mortality, which I carefully examined at the British Museum. The expression in these reports is, "Gripings in the Guts," being, doubtless, the vulgar term, and hence adopted by the parish clerks of London when drawing up their certificates, instead of the more correct appellation contained in the works of Sydenham. This epidemic malady continued to prevail throughout the seventeenth century, although to a less extent than at previous epochs. During the early part of the eighteenth century the complaint declined considerably; so much so, that exactly one hundred years ago, or in 1749, otherwise a very unhealthy year, seeing that 25,516 persons died in London, of whom 2,625 were carried off by smallpox, only 148 persons died of the epidemic so common in the time of Sydenham. Subsequently, the disease became still more infrequent; and, in 1793, it had almost disappeared; as in that year, according to the old Bills of Mortality, the number of fatal cases registered, from the same cause, had fallen to fourteen, in a total of 21,749 deaths

reported to have taken place from all diseases, amongst upwards of one million inhabitants, at that period resident in the metropolis.—*London Journal of Medicine.*

ON MERCURY AS A REMEDY IN CHRONIC DISEASE OF THE BRAIN.

BY W. THORP, ESQ., BAWTRY, YORKSHIRE.

THE value of a well-sustained course of mercury, kept up for weeks, and perhaps months, for amaurosis dependent on disease of the cerebral substance, has been well known and appreciated since Mr. Tyrrell published his successful treatment by its aid, in the numerous cases detailed in his valuable work on the eye; but the excellence of mercury as a remedial agent, in cases of paralysis of long standing, is not so well known, and therefore I wish to place on record the following case:—

Mr. B., of Bawtry, Yorkshire, a house and portrait painter, age now 55, being of a corpulent habit, with large chest and head, and short neck, had, before my acquaintance with him, five years ago, an apoplectic seizure, which deprived him partially of the use of one side. The loss of motion, however, after much treatment by various medical men, had in some degree been restored, when he was seized last Christmas with paralysis on the opposite side, and for which, twelve weeks ago, he consulted me, presenting the following symptoms:—Hypertrophy, with dilatation of the left ventricle of the heart, but without valvular disease; loss of motion of the newly-seized side, together with the other, so great that he could only walk with great difficulty, very slowly, and by the aid of another person; in fact, he dragged one side miserably after the other; he had also considerable difficulty in his articulation, and if addressed suddenly, required a few seconds to collect his ideas before he could give an answer to an ordinary question; considerable pain was experienced above the ears, extending into the orbits; his vision, at times, was obscured as by a dark gauze or net-work, but this was not constant, although he could only read with glasses, and by holding out the book to the distance of two feet. He had occasional fits of giddiness, with great occasional pains down the recently affected side, and a constant sensation of numbness in it.

Treatment and Present Symptoms.—My object being to bring him under the influence of mercury, and sustain him in this state for several weeks, and be guided by symptoms, I prescribed small and repeated doses of calomel and opium, and on the fourth day his mouth was fairly sore, and has been maintained in this state now eleven weeks. After the third week he began to improve in every symptom, and in the fifth week he walked five miles, a task he had not performed for as many years. His articulation is completely restored, and his sight so greatly improved, that he can see to read newspaper print with his glasses at the ordinary distance, and it is now perfectly impossible for any person, who is a stranger, to declare which side was affected the last, or to affirm that he had ever been paralytic.

I have only to add, that if the effects of mercury, as described by Mr.

Tyrrrell, are so well known, in blindness arising from lesion of the brain (and which is only as much a symptom of disease as palsy), why is it not recommended more frequently, and especially in those apparently hopeless cases of the latter disease seen so commonly among us?—*London Lancet*.

HUMAN CONSTITUTION—VITAL CAPITAL—VITAL FORCE.

THE aggregation of all the physical powers, the original organization, the united energies of the nutritive, respiratory, cutaneous, locomotive and nervous actions, and the predominance of the vital over the chemical affinities, co-operate in the production of *vital force*; and these together make up what is commonly called the *constitution* of man—that is, his power for labor or endurance—his power of accomplishing his purposes, or resisting the causes of injury.

This constitution, or this quantum of vital force, may be considered as the *capital of life*, with which man operates, does all his work, enjoys all his pleasures, and sustains himself in his present being.

Some few persons have only vital force sufficient to barely sustain life. They can digest their food, and perform the other functions necessary for the replenishment of the exhausted powers, and no more. They can only keep their vital machines in operation. But most persons have more than this. After supplying their natural wants, and raising the power of the machine to its highest healthy point, then deducting all the vital force necessary for these from the whole constitutional force, there is in them a surplus of energy left to be disposed of otherwise; and this may be expended, at their own will, in action of the muscles or of the brain, for profit or for pleasure.

If the constitutional power is considered as the capital of life, this surplus energy may be considered as the *income of life*. This may be expended daily, and yet leave that capital unimpaired. But this expenditure must be limited, in each day, to the quantity of vital force that is generated by each day's nutrition, and in each night's sleep.

This constitution, or quantity of vital force, must necessarily differ in different persons, and in some it differs very widely. There are differences in the primordial elements, in the original organization, in the distribution of strength through the several organs, in the tenacity of the vital principle, and in the early development of the powers.

There are also differences in the subsequent management of the system, and in the appropriation of the surplus energies. The animal organization is first determined by the Creator; the constitution is next developed by those who have the care of childhood and youth, and then it is entrusted to the hands of man himself, for preservation and for use. The Creator does not retain absolute control over the organs, nor has He endowed them with a certain and irresistible force, by which they shall supply their own wants, perform their functions, and regulate their actions in the manner which is best for the whole. All of these admit of various degrees; and, in this broad latitude, each one must seek out

for himself that degree which is best, and determine what degree shall be allowed.

In the management of all the organs of the body, in the supply of the wants, in the use of the surplus energies, in the action of the brain and the muscles, in the discipline and the indulgence of the passions and propensities, and in all the circumstances with which a man surrounds himself, there is, in regard to each, only one way by which the greatest quantity of vital force is produced, health and strength maintained in their highest degrees, and life enjoyed in its widest expansion: and it requires watchfulness to discover that path, and unfaltering discipline to walk in it; because "strait is the gate, and narrow is the way, which leadeth unto life"—perfect physical as well as spiritual life—"and few there be that find it."

As in some mountain of regular acclivity there is a point of elevation which is higher than all the rest, and from which all divergence is descent, and he that would stand the highest must place himself there, and if he depart from this point, to the right or the left, he goes downward—it may be but a hair-breadth, but it is none the less certainly to that extent downward—so, in the maintenance of any one's life, there is a line of conduct which is above and better than all others; and there alone can he enjoy the largest amount of vitality, for there alone is the greatest amount of vital force produced; and any departure from this line, however small, is inevitably followed by a corresponding depression of life. It may be but an infinitesimal of an error, but precisely to that extent is the vital deterioration.—*Dr. Jarvis's Mass. Med. Society Address.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON. DECEMBER 5, 1849

Interesting Experiment with Strychnia.—The following account of the singular effects of a most subtle poison, was communicated by David Wells, Esq., of Cambridge, to whom we feel much obliged.

An interesting experiment, illustrative of the poisonous effects of strychnia, was recently made by Prof. Agassiz, at Cambridge. The subject was a large black bear, about 18 months old. The animal was taken when young, and had been kept in captivity for a considerable period. Prof. Agassiz being desirous to kill it for the purpose of dissection, about three grains of strychnia were administered in a biscuit. The poison, although extremely bitter, was readily swallowed. At the expiration of a few minutes, no effect having been produced, a second dose of about the same quantity was also enclosed in a biscuit and offered. The cunning animal broke open and swallowed the biscuit, but rejected the poison. The first portion, however, had proved efficacious, and in exactly ten minutes from the time when first administered, the animal was seized with terrible convulsions and soon died. The whole time which elapsed between the taking of the poison and the death of the animal, did not exceed twenty-five minutes. In order to alleviate its sufferings and hasten death, a

quantity of hydrocyanic acid was poured upon the nose and mouth of the bear. It did not, however, produce any sensible effect, and was not *apparently* taken into the system, as the animal at the time was nearly dead. But the subsequent effects of the poison were most remarkable. Although the bear, at the time of death, was in perfect health and strength, twenty-four hours had not elapsed before the body was in an advanced stage of decomposition. Indeed the appearances indicated that the animal had been dead nearly two months. The interior of the body, when opened about twenty hours after death, still retained its warmth in a considerable degree, while an offensive gas issued from every pore. The blood had not coagulated, the spinal marrow and nerves were in a semifluid state, and the flesh had assumed a leaden-grey color. The hair of the hide readily came out, on being slightly pulled. No smell of the hydrocyanic acid could be perceived.

The origin of this singular and speedy decomposition is not fully known, though it is supposed to be due to the agency of the hydrocyanic acid. A chemical examination of the blood, brain, nerves, liver and kidneys is now going on at the Cambridge laboratory, under the direction of Prof. Horsford. One singular fact connected with the decomposition of these parts, is, that they all yielded, or disengaged hydrosulphuric acid gas, with the exception of the liver, which did not.

Suffolk District Medical Society.—This Society held its second meeting, for medical communication, on Saturday evening, November 24th. Owing to a misapprehension on the part of some members, as to the day, and the impression of others that a special notice of the meeting would be sent them, the attendance was not so full as it otherwise would have been. To avoid a like occurrence and consequent disappointment, a notification of the next meeting will be addressed to each member. The following is the prescribed "Order of Business"—

1. Record of preceding meeting read, unless dispensed with by vote, and an opportunity for correction given.
2. Donations and deposits announced.
3. New members reported.
4. Exhibition of pathological specimens and consequent remarks.
5. Written communications read.
6. Verbal communications made.
7. Reports of committees, especially appointed for such meetings, submitted and acted on.
8. All other business that may properly come before such meetings disposed of.
9. Dissolution of the meeting, or adjournment to another day.

The Society having been so recently organized, each *item* of business has not yet called up corresponding *matter*; but soon, beyond a doubt, time will fail before justice can be done the various subjects and objects which will be brought before the Society at each meeting.

Dr. John Ware read two letters, addressed to him by Dr. Webber, of Charlestown, N. H.—one, containing some observations in vegetable physiology, and broaching the theory that the *potato* is sometimes *viriparous*; the other, recommending two new preparations of opium—the first, a tincture made with the spts. nitr. dulcis instead of proof spirit, the second a tincture with sulphuric ether. The former he has found, in its

effects, very nearly resembling M'Munn's Elixir of Opium; like it, being free from many of the unpleasant consequences following the use of the common tincture. The latter he had used with good success in facial neuralgia. A protracted but interesting discussion ensued, respecting the relative strength and value of the different preparations of opium. M'Munn's Elixir was highly extolled; and in the course of the remarks, its mode of preparation, which may not be generally known, was mentioned—viz., opium treated with sulphuric ether, and the residuum made into a tincture. Drs. E. B. Moore, Jeffries, Bartlett, Storer, Ware, Z. B. Adams, Homans and Gordon, remarked upon the foregoing.

Dr. Perry had used Hoffman's Anodyne in neuralgia and asthma, with gratifying results.

Dr. Jeffries mentioned that the use of opium in females, *per vaginam*, in cases where it could not be retained in the stomach, had been suggested. Dr. Fisher had himself used it in this manner.

Dr. F. called attention to a new preparation of morphine, with which he is at present experimenting. He dissolves morph. sulph., 10 grains, in 1 oz. chloroform; 10 drops, inhaled by the mouth, in cases of phthisis, will give immediate relief to the harassing cough, and sleep follows, which lasts from an hour to one hour and three quarters. More largely administered, in checks diarrhœa in phthisis, and in doses of from 10 to 20 drops restrains the action of the bowels in dysentery.

Dr. Storer's experience corroborated the opinion of Dr. Fisher.

Dr. Ware remarked upon the discoloration of the skin, following the internal use of nitrate of silver, in the treatment of epilepsy. He had seen it in two cases; in one of which, the oxide of silver was used—in the other, the nitrate. The following gentlemen recounted cases, or remarked upon topics connected therewith: Drs. Jeffries, Perry, Storer, Gordon and Abbot.

Dr. Bowditch mentioned a case of chronic pleurisy in a child. The right side was filled with fluid—severe paroxysms of dyspnœa occurred, in one of which the patient expired. The circumstances of this case had led him to resolve upon the operation of paracentesis, in any similar one hereafter. Cases, having a bearing on the question of the safety and propriety of this operation as compared with the probability of a spontaneous opening and cure, were related by Drs. Fisher, Adams, Jeffries, Perry, Gould and Homans.

It should be mentioned that a "donation" was made by Dr. Jeffries, the President, which was duly "deposited." A cup of coffee, and a suitable accompaniment of cake, added to the well-being of the physical, as did the other exercises to that of the intellectual man.

The next meeting will occur December 28th.

Suspected Murder of George Parkman, M.D.—Never has this community had a severer shock than is now agitating it. Geo. Parkman, M.D., a very wealthy and well-known physician of this city, was unaccountably missing after Friday, Nov. 23d. To the astonishment of every one, on Friday evening last, Nov. 30th, the remains of a human being, singularly mutilated, were found in and about the private apartments of Dr. John W. Webster, at the Medical College in Grove street—some of the remains bearing evident marks of being partly burnt. Dr. W. is professor of chemistry in Harvard University, and is extensively known as the lecturer on that branch

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of science in the Medical College in Boston, in which he has held the chair about twenty years. He is now in prison, and the public mind is in the highest state of excitement. As all the newspapers are filled with minute details of the developments at the College, we do not feel that it is necessary to repeat them. We will therefore only say, that Dr. Parkman was seen to enter the College on the day he was missed, but never seen to come out. Prof. Webster said that he had paid him a certain sum of money to discharge a mortgage, which was not discharged, nor can he exhibit a receipt for it. These circumstances have led to the horrible idea that the remains, found in the professor's room, were those of Dr. Parkman. It is singular, among other things, that Dr. Parkman generously gave the land, a few years since, on which the Medical College stands in which he is supposed to have been murdered.

Dr. Parkman has long been in the habit of occasionally employing some of his few leisure moments in preparing brief articles for this Journal. These were mostly condensed statements of medical facts, divested of every extraneous word or sentence. Three of these have been furnished for the present volume. The first, on page 122, was part of a letter to himself from a relative travelling in Europe; on page 180, a sketch of Philip Pinel; and on page 203, some notice of the sickness and death of Dean Swift. His attention was always more particularly directed to the subject of insanity, and his most elaborate papers have treated upon it. No. 16, Vol. 14, contains a really valuable paper by him on this topic, in which the murder of Johnson by the celebrated Earl Ferrers was referred to, and which cannot now be read without calling up the most dreadful ideas respecting his own probable fate. In No. 4, Vol. 23, is also another article on insanity from his pen. He had given us notice, a few days before his disappearance, that he should soon have a paper ready for the Journal, on the value of electricity in producing active dejection from the bowels. Prof. Webster has also, in former years, been a contributor to the Journal. He has been known as an author, and his last work, of general interest to science, was a revised edition of Liebig's Chemistry.

In the Charity Hospital, New Orleans, the admissions in August, 1849, were 1387; discharges, 1230; deaths, 111; remaining on 1st Sept. 913. In Sept., admissions, 1810; discharged, 1421; deaths, 249; patients remaining on the 1st of October, 1050.

TO CORRESPONDENTS.—A paper on "One Cause of Empiricism" has been received.—The articles alluded to by our friend in North Carolina will be thankfully received.

MARRIED.—Alvan Bacon, M.D., of Biddeford, Me., to Miss M. A. Maxwell.—Dr. G. G. Bissell, of Bethlem, Conn., to Miss E. A. Talmadge.—Dr. R. S. Olmsted, of Brooklyn, N. Y., to Miss G. A. Hungerford.

DIED.—At Biddeford, Me., Dr. Robie, and Mr. Edwin S. Moulton, a medical student, drowned by the upsetting of a sail boat.—At Deerfield, Mass., Dr. Joseph Goodhue, formerly a surgeon in the U. S. A., 87.—At Wadsworth, Ohio, Dr. G. R. Pardee, 43.—At Portland, Me., Dr. Timothy Little, 73.

Deaths in Boston—for the week ending Saturday noon, December 1st, 57—Males, 32—females 25. Inflammation of the bowels, 1—inflammation of the brain, 3—consumption, 15—convulsions, 1—croup, 3—canker, 2—childbed, 1—dropsy, 1—dropsy of the brain, 2—epilepsy, 1—typhus fever, 1—scarlet fever, 6—bilious fever, 1—disease of the heart, 1—infantile diseases, 7—inflammation of the lungs, 5—measles, 1—old age, 1—rheumatism, 1—teething 1, unknown, 2.

Under 5 years, 29—between 5 and 20 years, 7—between 20 and 40 years, 15—between 40 and 60 years, 4—over 60 years, 2. Americans, 23; foreigners and children of foreigners, 34.

Cataplasms.—As a means of soothing pain and allaying local irritation, cataplasms, composed of various substances, have long been used, both in and out of the profession. Applied when warm and soft, they act as a kind of local bath, and favor cutaneous transpiration and reduce excitement. Our object in alluding to this simple, but often important means in the treatment of disease, is to call the attention of the *practitioner* to the *onion poultice*, as an excellent application over the epigastrium, in cases of obstinate bilious vomiting, often witnessed in some of our autumnal fevers, and in the irritable stomach of the dissipated. A correspondent, writing to us from Alabama, states that a case of obstinate *bilious vomiting* of several days' continuance, in despite of all the remedies used, promptly yielded to "a poultice made of raw onions, large enough to cover the entire epigastric region; at the same time he gave internally some of the juice of the vegetable." He adds, "in the course of a few hours, it acted like a charm—it arrested the nausea and vomiting, which had been so obstinate and distressing to the patient for several days." He concludes by stating that the same means had been equally successful in his hands in several similar cases.—*N. Orleans Med. and Surg. Jour.*

Intramural Burials.—Municipal liberty (?) is so great in England that intramural burials are still carried on in certain parts of London. The sword of Narvaez, in Spain, has just divided the knot which the good sense of the people, in other countries, has been unable to undo. Interments in churches, churchyards, and private burial-grounds, are summarily interdicted, except as regards archbishops, bishops, and nuns. By later accounts, we find that at Castello de Ampurias, in the neighborhood of Figueras (Catalonia), the shutting up of the parish church-yard, and the interment of a corpse in a cemetery, was riotously opposed by the inhabitants; and that it took a troop of horse and a company of infantry to accomplish the sanitary improvements. What an interesting analogy there is between these good people of Castello and certain boards of guardians in London, who insist on the continual superposition of corpses in the midst of crowded cities.—*L'Union Médicale.*

Medical Education in Spain.—We learn from an official return, that there are in Spain 290 professors belonging to the universities. Out of these, 86 give lectures on medicine and on pharmacy. The number of medical professors is 75. There are, namely, 19 in Madrid, 14 in Barcelona, 14 at Valencia, 13 at Santiago, and 15 in Seville. Of the 11 pharmaceutical professors, there are 6 in Madrid, and 5 in Barcelona. The 290 professors of the various universities of Spain cost the government 4,860,000 reals (£52,488). The medical professors have salaries varying from £130 to £220 a year, and the whole of the medical and pharmaceutical professors, taken together, cost the state about £17,971. A glance at the profession in actual practice shows that there are in Spain 5500 physicians and medico-surgeons, more than 7000 surgeons, and 3300 pharmacians. It will therefore not appear surprising that the majority of practitioners are in great distress.—*London Lancet.*

His Royal Highness Prince Albert has appointed Edwin Saunders, Esq., to be Surgeon-Dentist in Ordinary, in the room of Mr. Nasmyth, deceased.